

Title:

Improving Compliance With Antipsychotic Monitoring in the Psychiatric Population

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Rising Stars of Research and Scholarship Invited Student Poster Session 1

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References:

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Abstract Summary:

Psychiatric patients treated with antipsychotic medication are at risk for development of the side effect of metabolic syndrome. Nationally recognized standards have been developed for monitoring for this illness. Barriers exist for this routine practice; an electronic reminder system in the already existing electronic medical record may improve compliance rates.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify the incidence and impact of metabolic syndrome on at risk, vulnerable adult psychiatric patients.	Review of problem statement and statistics regarding the incidence and impact of metabolic syndrome on adult psychiatric patients will be addressed.
The learner will be able to describe an electronic reminder system that can improve compliance rates with following nationally recognized monitoring parameters to screen these psychiatric patients for metabolic syndrome.	Details of this projects intervention, outcomes, and future directions will be covered.

Abstract Text:

Psychiatric patients often die earlier than other patients and this is normally due to very treatable illnesses, not their mental illness. One such illness is metabolic syndrome, a cluster of risk factors that can pave the way to diabetes and heart disease. It is well documented in the literature that metabolic

syndrome is often a consequence of antipsychotic medications used to treat a variety of mental health conditions. National agencies have recognized this risk of development of metabolic syndrome and have developed consensus guidelines for mental health providers to follow as they screen these patients at designated intervals for early signs of metabolic syndrome. In clinical practice however, there are many barriers to this routine follow-up. This practice may become neglected, as the provider spends time engaging in other activities which will directly affect their reimbursement, such as efforts to demonstrate meaningful use (making sure a PHQ9 is performed at every visit or printing an after visit summary). Subsequently, providers may not have the time to research and identify the last time their patients had suggested laboratory and assessment surveillance for metabolic syndrome completed. It also takes time to measure waist circumference and enter labs into an electronic medical record or ordering system. These particular activities may take time away from the patient. The provider will have less time to listen to the patient's complaints with regard to problems in their life that they may need to talk about. The patient may have other issues surrounding their mental illness to discuss. Providers may find themselves in a position where they have to choose between competing priorities such as complying with meaningful use, monitoring for the risks associated with metabolic syndrome secondary to antipsychotic medications, or taking the time to actively listen to the patient. One suggested way to improve compliance with this monitoring among mental health providers is through the use of an electronic reminder system, built in to an existing electronic medical record system. It is hypothesized that use of this system will allow clinicians to do a better job of catching metabolic syndrome early. This will lead to early intervention and treatment for these patients thereby reducing morbidity and mortality in this already at-risk population.